

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400108818

**COMPLETED INTERVAL REPORT**

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322 4. Contact Name: Justin Garrett  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-23069-00 6. County: WELD  
7. Well Name: THORNTON Well Number: 44-5  
8. Location: QtrQtr: SESE Section: 5 Township: 5N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>11/01/2006</u>	Date of First Production this formation: <u>11/04/2006</u>
Perforations Top: <u>7160</u> Bottom: <u>7184</u>	No. Holes: <u>96</u> Hole size: <u>          </u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell recomplete 11/1/06</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>          </u> Hours: <u>          </u>	Bbls oil: <u>          </u> Mcf Gas: <u>          </u> Bbls H2O: <u>          </u>
Calculated 24 hour rate:	Bbls oil: <u>          </u> Mcf Gas: <u>          </u> Bbls H2O: <u>          </u> GOR: <u>          </u>
Test Method: <u>          </u>	Casing PSI: <u>          </u> Tubing PSI: <u>          </u> Choke Size: <u>          </u>
Gas Disposition: <u>          </u>	Gas Type: <u>          </u> BTU Gas: <u>          </u> API Gravity Oil: <u>          </u>
Tubing Size: <u>          </u>	Tubing Setting Depth: <u>          </u> Tbg setting date: <u>          </u> Packer Depth: <u>          </u>
Reason for Non-Production: <u>          </u>	
Date formation Abandoned: <u>          </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>          </u>	
Bridge Plug Depth: <u>          </u> Sacks cement on top: <u>          </u>	

FORMATION: <u>J-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/28/2006</u>		Date of First Production this formation: <u>11/04/2006</u>	
Perforations	Top: <u>7160</u>	Bottom: <u>7656</u>	No. Holes: <u>192</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">Codell and J Sand are commingled</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>11/21/2006</u>	Hours: <u>24</u>	Bbls oil: <u>25</u>	Mcf Gas: <u>181</u> Bbls H2O: <u>26</u>
Calculated 24 hour rate:		Bbls oil: <u>25</u>	Mcf Gas: <u>181</u> Bbls H2O: <u>26</u> GOR: <u>7240</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>800</u>	Tubing PSI: <u>380</u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1223</u>	API Gravity Oil: <u>53</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7119</u>	Tbg setting date: <u>09/18/2006</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>J SAND</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>11/01/2006</u>		Date of First Production this formation: <u>11/04/2006</u>	
Perforations	Top: <u>7632</u>	Bottom: <u>7656</u>	No. Holes: <u>96</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">The J Sand is producing through a Smith aluminum flow through plug J sand was W.O. sales line after being frac'd 8/10/06 until Codell recomplete 11/1/06.</div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____      Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____      Bbls H2O: _____      GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

Comment:

This form 5A is an adjustment of Doc #2034094 dated 05/05/08 and Doc #s 1966403 & 1966404 dated 02/07/07.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Justin Garrett

Title: Regulatory Specialist

Date: \_\_\_\_\_

Email: JDGarrett@nobleenergyinc.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_